

AO 435
(Rev. 03/08)

Administrative Office of the United States Courts

FOR COURT USE ONLY

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Billie-Russell of the Family Schofield		2. PHONE NUMBER (508) 287-3880		3. DATE 9/5/2012	
4. MAILING ADDRESS Post Office Box 1210		5. CITY West Warwick		6. STATE Rhode Island	7. ZIP CODE 02893
8. CASE NUMBER 1:12-cr-00082-M-LDA	9. JUDGE Magistrate Lincoln D. Almaraz		DATES OF PROCEEDINGS		
12. CASE NAME UNITED STATES OF AMERICA v BILLIE R. SCHOFIELD		10. FROM 8/23/2012		11. TO 8/23/2012	
		LOCATION OF PROCEEDINGS			
		13. CITY Providence		14. STATE Rhode Island	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	Hearing on 8/23/2012
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)
By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE
Billie-Russell: Schofield

PROCESSED BY

19. DATE
9/4/2012

PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY

COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	TOTAL CHARGES
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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ORDER RECEIPT

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